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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TIMOTHY F. CAI	LDWELL HOSPITALITY	INC
DOCUMENT NUMB	P18000082222		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	TIMOTHY CALDWELL		
•		Name of Contact Person	1
		Firm/ Company	
	6585 SOMERSET DR APT	103	
•		Address	
	BOCA RATON, FL 33433		
·		City/ State and Zip Cod	e
DJBY	CK@MSN.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DAVID BYCK		at (350-9278
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indiment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to

FILED

Articles of Incorporation of 2018 OCT 16 PM 2:51

TIMOTHY F CALDWELL HOSPITALITY INC (Name of Corporation as currently filed with The Blorida Dept of State) P18000082222 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 6585 SOMERSET DR APT 103 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) BOCA RATON, FL 33433 C. Enter new mailing address, if applicable: 6585 SOMERSET DR APT 103 (Mailing address MAY BE A POST OFFICE BOX) BOCA RATON, FL 33433 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _, Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	ī	Address
1) Change			 -	
Add			_	
Remove			_	
2) Change				
Add			_	
Remove			-	
3) Change				
Add			_	
Remove			_	
4) Change				
Add			·	
Remove			_	
5) Change		_		
Add			-	
Remove			_	
6) Change				
Add			_	
Remove				

Attach additional sheets, if necessary).	les, enter change(s) here: (Re vnecific)		
	(ne specific)		
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	inge, reclassification, or c	ancellation of issued shar	es.
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	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more man 90 days after amenament fre date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
10/04/18 Dated		
	Aldrell Tendry	
(isy a	director, president or other officery if directors or officers have not been	
	ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	TIMOTHY F CALDWELL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	